

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035309

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 278

FILED OCT 1 1963

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Fulton</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Callaway Memorial Hosp</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS <b>508 Dale St.</b> (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Norrisa</b> Middle <b>Morgan</b> Last <b>Morgan</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>27</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/3/1891</b>
9. AGE (last birthday) <b>72</b>		10. IF UNDER 1 YEAR Months <b>72</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and state or country) <b>Butler, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Dr. Norris LtTell</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda Hunt</b>	
14. NAME OF HUSBAND OR WIFE <b>J.A. Morgan</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>	
16. SOCIAL SECURITY NO. <b>4344</b>		17. INFORMANT <b>Mrs. H.L. Presson</b> <b>508 Dale St Fulton, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Decompensation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Myocardial Disease</b> DUE TO (b) <b>4222</b> DUE TO (c) <b>?</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:20</b> a.m. <b>0</b> p.m. <b>0</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Fulton</b> COUNTY <b>Callaway</b> STATE <b>Mo</b>
21. I attended the deceased from <b>July 1963</b> to <b>Death</b> and last saw her alive on <b>9-27-63</b> Death occurred at <b>2:20</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>John P. Brown</b> (Degree or title) <b>MD</b> 22b. ADDRESS <b>Fulton, Mo</b> 22c. DATE SIGNED <b>9-28-63</b> (State)	
23a. BURIAL, CREMATION, REMOVAL <b>Burial</b>	23b. DATE <b>Sept. 29, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Garden Cem</b>	23d. LOCATION (City, town, or county) <b>Poplar Bluff Mo</b>
24. FUNERAL DIRECTOR <b>Browning Funeral Home Fulton Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Sept. 28 - 1963</b>	26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wangil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.